

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028085

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274  
FILED JUL 31 1962

Primary Registration District No. 2062 Registrar's No. 284

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

## 1. PLACE OF DEATH

a. COUNTY Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SedaliaLength of stay in 1b  
11 Yearsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 2802 Skyline DriveInside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY OR TOWN Sedalia

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2802 Skyline DriveReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

MILLIE

GRADY

## 4. DATE OF DEATH

Month

Day

Year

July

26

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7-18-1901

## 9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Homemaker

11. BIRTHPLACE (City and state or country)

Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

W. C. Wilkerson

## 13b. MOTHER'S MAIDEN NAME

Sallie Kivett

## 14. NAME OF HUSBAND OR WIFE

Stanley H. Grady

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mr. Stanley H. Grady

## Address

2802 Skyline Drive

Sedalia, Missouri

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Primary Carcinoma Liver

## INTERVAL BETWEEN ONSET AND DEATH

About 4 mos.

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-5-62 to 7-26-62 and last saw her alive on 7-26-62  
Death occurred at 1:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
REMOVAL

## 23b. DATE

7/26/62

## 23c. NAME OF CEMETERY OR CREMATORY

WASHINGTON CEMETERY

## 23d. LOCATION (City, town, or county)

GLASGOW MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

Ralph A. Cow

Payette Mo.

## 25. DATE RECD. BY LOCAL REG.

July 27, 1962

## 26. REGISTRAR'S SIGNATURE

Nancy Anderson, Agent

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

AUG 3 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address Fayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.